

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8471

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 5562		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Arcadia Twsp.</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Arcadia Twsp.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1/2 mi. east of Ironton</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 mile east of Ironton</u>			
3. NAME OF DECEASED (Type or Print) <u>Montie Ray Faulkner</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Mar. 23 1950</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>May 8 1917</u>		9. AGE (In years last birthday) <u>32</u>		10. MONTHS <u>10</u> DAYS <u>15</u> HOURS <u></u> MIN. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Ironton Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Hayden Faulkner</u>		13b. MOTHER'S MAIDEN NAME <u>Virgie Browers</u>		14. NAME OF HUSBAND OR WIFE <u>#</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Brown, Graniteville Mo.</u> ADDRESS <u></u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bilateral bronchial pneumonia</u> ANTECEDENT CAUSES <u>malnutrition</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u>hemorrhagic subarachnoid</u> II. OTHER SIGNIFICANT CONDITIONS: <u></u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>?</u> <u>2</u> <u>birth</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ironton, Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>					
22. I hereby certify that I attended the deceased from <u>3-20</u> , 19 <u>50</u> , to <u>3-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-22</u> , 19 <u>50</u> , and that death occurred at <u>8.00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Harland M.D.</u> (Degree or title)				23b. ADDRESS <u>Ironton, Missouri</u>		23c. DATE SIGNED <u>3-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cove</u>		24d. LOCATION (City, town, or county) (State) <u>Arcadia Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Arin Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> ADDRESS <u>Ironton Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White</u>	

(Licensed Embalmer's Statement on Reversing Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 30 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-469

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arice J. White

Licensed Embalmer No. 3012

P. O. Address Quincy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.